COVID-19 and a "crisis of care": A feminist analysis of public policy responses to paid and unpaid care and domestic work

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Abstract. *The COVID-19 pandemic has highlighted gender inequalities, increasing the amount of unpaid care weighing on women and girls, and the vulnerabilities faced by paid care workers, often women working informally. Using a global database on social protection responses to COVID-19 that focuses on social assistance, social insurance and labour market programmes, this article considers whether and how these responses have integrated care considerations. Findings indicate that, although many responses addressed at least one aspect of care (paid or unpaid), very few countries have addressed both types of care, prompting a discussion of the implications of current policy responses to COVID-19 (and beyond) through a care lens.*

Keywords: *social protection, gender equality, care work, COVID-19, domestic work.*

1. Introduction

Quarantines and stay-at-home requirements, physical distancing, closure of schools and non-essential businesses, and national lockdowns are some of the measures put in place by many governments around the world to

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contain the spread of contagion since the start of the COVID-19 pandemic in March 2020.[1] Although they were necessary, they brought about socio-economic costs to individuals, households – especially low-income households – and businesses, in virtually all countries. The alarming impact of these pandemic-induced costs on women and girls quickly became apparent (UN 2020). To reduce such negative effects, social protection measures, including labour market and fiscal stimuli, were announced, introduced, adapted or expanded to protect individuals and households from the harsh socio-economic consequences of the pandemic and the ensuing containment measures. Between 20 March 2020 and 14 May 2021, a total of 3,333 social protection measures were planned or implemented in 222 countries or territories (Gentilini et al. 2021).

Inequalities in terms of income, sex, age, social class and race existed prior to COVID-19, but these dimensions of vulnerability have been exacerbated by the crisis. The existing literature on the differentiated effects of crises points to the gendered and intersectional impacts of past famines, wars, natural disasters and outbreaks of disease (see, for instance, Bradshaw 2015; Lafrenière, Sweetman and Thylin 2019). Women and children, especially those facing discrimination due to specific intersectional characteristics, such as race and class, are more vulnerable to the risks of dropping out of school, losing jobs and earnings, and suffering increased violence, among others. These risks arise from pre-existing inequalities in societal structures, power relations and social and gender norms, which prevent women and children from accessing basic services, including healthcare, education and social protection, and which have been exacerbated during the pandemic.

Many researchers and activists around the world have called for the integration of gender considerations into COVID-19 mitigation measures (Enguita-Fernàndez et al. 2020; Nesbitt-Ahmed and Subrahmanian 2020; O'Donnell et al. 2021; UN Women 2020a). In particular, they have drawn attention to the increased unpaid care and domestic workload borne by women and girls as a result of COVID-19, as well as the vulnerabilities and discrimination faced by paid care and domestic workers (see section 3 for definitions of unpaid and paid care) – often women working at the forefront of efforts to combat COVID-19 (Nesbitt-Ahmed and Subrahmanian 2020; O'Donnell et al. 2021; UN Women 2020a). Given the likely long-term impacts of COVID-19 on gender equality, multi-dimensional poverty and socio-economic vulnerabilities, these mitigation measures risk exacerbating pre-existing gender inequalities in relation to care if they are not designed specifically to address such inequalities and their root causes.

[1] The first case of COVID-19 was recorded in Hubei province, China, on 31 December 2019. As the virus spread across Europe and the rest of the world in the first two months of 2020, and the WHO declared COVID-19 a pandemic on 11 March 2020, governments started to put in place measures to contain the spread of the virus and reduce the risk of contagion, including lockdowns, quarantines, and social distancing. While not the focus of this article, it is important to note that COVID-19 containment measures further restrict women's access to sources of social support, including support against experiences of violence (on COVID-19 and violence against women and children see, for example, Enguita-Fernàndez et al. 2020; Guedes, Peterman and Deligiorgis 2020; Peterman et al. 2020; UN Women 2020a).

We stand at a critical moment for building more effective social protection systems that integrate gender concerns and place care front and centre, with a view to better enduring future epidemics and pandemics. This article argues that achieving this objective, against the socio-economic backdrop created by the COVID-19 pandemic, requires a feminist analysis of social protection – which in this article includes social assistance, social insurance and labour market responses to COVID-19 – through a care lens. We contribute to achieving this objective by building on recent and emerging evidence on the implications of the pandemic on gender equality (Dugarova 2020; Folbre, Gautham and Smith 2021; Hidrobo et al. 2020; Lokot and Bhatia 2020; O'Donnell et al. 2021; UN Women 2020a, 2020b and 2020c), adding to the existing literature in three ways.

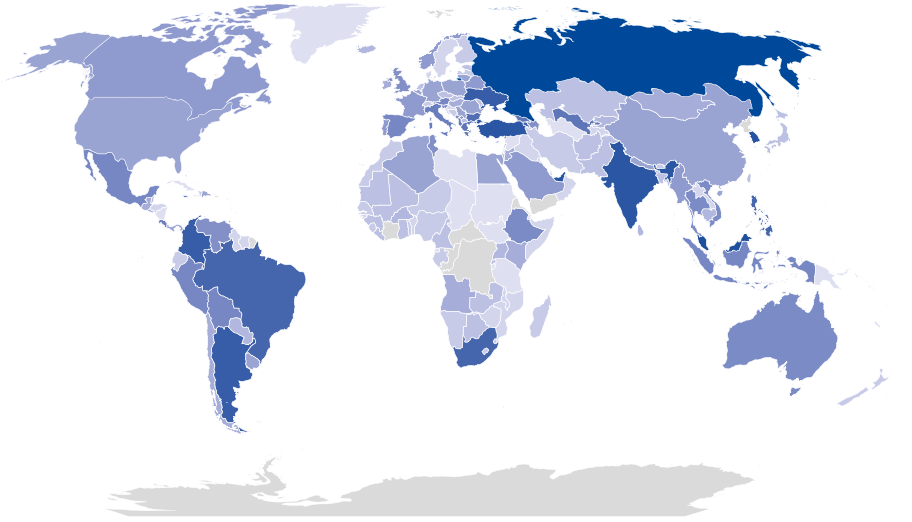
First, we offer and discuss a framework for analysing public policy responses to crises and the extent to which they address both paid and unpaid care and domestic work and needs. This analytical framework draws on conceptual, theoretical and empirical research rooted in feminist economics and other feminist social science disciplines. A feminist approach, which acknowledges inequalities and power relations at individual, collective and structural levels, enables us to examine and understand current responses to the pandemic and probe the dynamics and biases through which care is or is not recognized. While we apply this framework to the case of COVID-19, it can be usefully applied to other contexts and crises and inform evidence-based policy and programming in future crises.

Second, we focus on unpaid care and domestic needs within homes, as well as the needs and issues faced by paid care and domestic workers. We thus adopt a holistic approach to care, considering both paid and unpaid care and domestic work as interlinked. Although this holistic conceptualization of care has been proposed in the past (see, for instance, ILO 2018), the literature that has emerged since the onset of the COVID-19 pandemic has tended to focus more on either unpaid or paid types of care and domestic work, with less consideration of the interconnectedness between the two.

Third, we draw on a global database of social protection, including social assistance, social insurance and labour market responses to COVID-19. Our feminist analysis adds to the existing literature by providing a broad picture of whether, how and where these responses have addressed both unpaid and paid care work issues and needs in their design features.

The remainder of this article is structured as follows. The data and methods employed in our analysis is described in the second section. The third briefly defines and discusses the concept of care as it relates to our research objectives. It then provides an overview of the existing literature on the gendered nature of care work (both paid and unpaid) published before and during the COVID-19 pandemic. The fourth section presents and applies a framework for the analysis of the effects of the pandemic on the paid and unpaid care and domestic work of women and girls, and of the government mitigation measures that address these effects. The fifth section concludes by presenting evidence-based programming and policy recommendations for integrating care and domestic work into current social protection responses to COVID-19 (and beyond), and proposing avenues for future research.

Figure 1. Map of social protection responses to the COVID-19 pandemic



Source: Authors' elaboration based on Gentilini et al. (2020).

2. Description of data and methods

To address our research objective, we analyse the social protection responses to COVID-19 from a feminist perspective to understand whether, how and where they have integrated gender considerations related to care and domestic work, focusing on the first six months of the pandemic. We employ a publicly available database[2] entitled "Global Database on Social Protection and Jobs Responses to COVID-19", compiled by Ugo Gentilini and colleagues and published in September 2020 (Gentilini et al. 2020).[3] This database collects information on social protection responses to COVID-19 that were announced, planned or implemented by governments around the world between 20 March and 18 September 2020, thus covering the first wave of COVID-19 infections. These responses include social assistance, social insurance and labour market measures, and countries are classified by region and income.

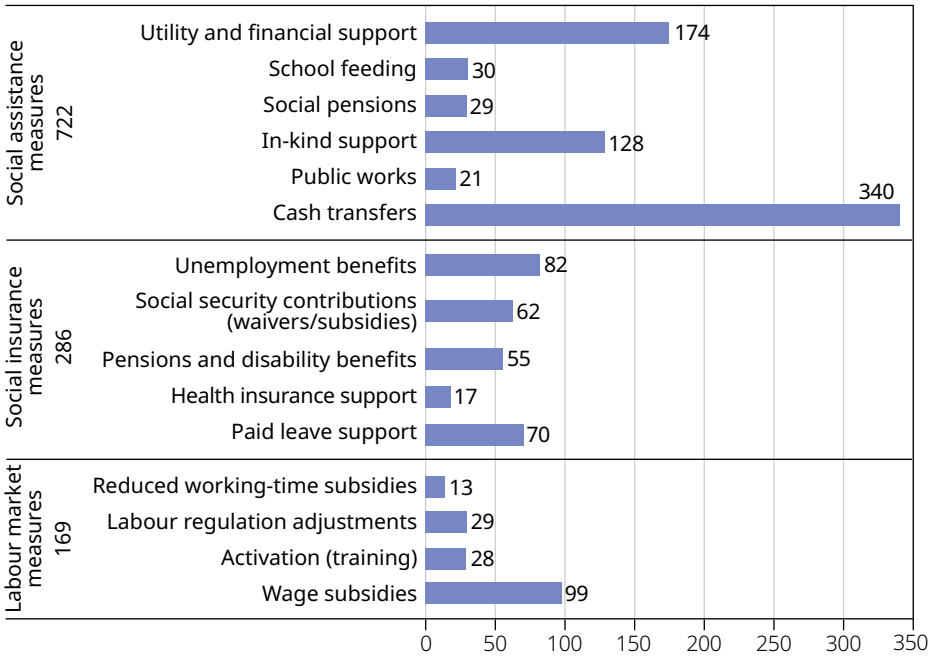
Data from 212 unique countries and territories and 1,177 unique social protection measures were included for analysis (see figure 1).[4] This is an average of

[2] Since the start of the pandemic, a range of organizations and researchers have compiled databases tracking public policy responses to COVID-19, including both containment and mitigation measures. Databases tracking containment measures include the "Oxford Covid-19 Government Response Tracker" (Hale et al. 2021). Databases tracking mitigation measures include the UNDP–UN Women "COVID-19 Global Gender Response Tracker" (https://data.undp.org/gendertracker/); the ILO "Social Protection Monitor" (https://www.social-protection.org/gimi/ShowWiki.action?id=3426); and the IMF "Policy Responses to COVID-19 – Policy Tracker" (https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19).

[3] Ugo Gentilini et al., "Global Database on Social Protection and Jobs Responses to COVID-19", living database, version 13, 18 September 2020.

[4] Note that the working paper by Gentilini et al. (2020) reporting findings from the September 2020 version of the database referred to 1,179 social protection measures. However, two countries were incorrectly classified as having more measures than in fact reported in the database.

Figure 2. Distribution of social protection responses to COVID-19 by type of social protection



Source: Authors' elaboration based on Gentilini et al. (2020).

5.5 social protection measures per country, with 25 countries having announced or implemented only one social protection measure, and five countries having announced or implemented more than 15 social protection measures. Of these measures, 61.3 per cent are social assistance measures, 24.3 per cent are social insurance measures, and 14.4 per cent are labour market measures (see figure 2).[5]

3. Putting care at the centre of COVID-19 public policy responses

The COVID-19 crisis has brought to light the essential role played by paid and unpaid care work for households, the economy and society (Bahn, Cohen and Rodgers 2020; Power 2020). Yet care work, even when paid, continues to be undervalued (ILO 2018; Folbre, Gautham and Smith 2021).

3.1. Conceptualizing and understanding care work

The perceived devaluation of care work, and the fact that responsibility for this work falls disproportionately on women and girls, are issues that have long been highlighted by feminists, who offer valuable lessons for understanding

[5] Among social assistance measures, cash transfers are predominant, followed by utility and financial support (such as tax waivers and waivers of utility bills), whereas among social insurance measures, the most prevalent are unemployment benefits, followed by paid leave. Among labour market measures, wage subsidies are the most prevalent.

the gendered impacts of COVID-19, particularly on women (Power 2004). For decades, feminist researchers and advocates have highlighted the difference in the amount of time spent on care and domestic tasks by women and men (Folbre 2001; Himmelweit 2005; UNIFEM 2000). They have also argued that eliminating structural gender inequalities, including via redistributing unpaid care and domestic work (ILO 2018), can help women gain equal access to, and control over, critical economic resources and opportunities (Kabeer 2001).

Additionally, such theories have explained why we are experiencing what Fraser (2016) called a "crisis of care", whereby care work is repeatedly taken for granted and receives less public provision, support and investment in societies. At the same time, in some parts of the world, childcare and the care of the elderly are provided and/or financed privately, and are becoming more expensive (Samman et al. 2016), which has increased the economic and emotional stress for many women, families and communities. This "care gap" in richer countries, and among more privileged women, is often filled by migrant workers – typically racialized and often rural women. However, these migrant women often transfer their own family, household and community responsibilities to other still poorer women (or other family members, such as grandparents or adolescent children (Folbre 2006)), who in turn also seek to transfer the burden, forming "global care chains" (Hochschild 2000).

Research has also distinguished between different forms of care work, according to their relationship to the market, characteristics of the labour process and types of beneficiaries. Folbre (2006), for example, identifies four categories of care work: unpaid services, unpaid work that helps meet subsistence needs, informal market work, and paid employment. Each of these may be further divided into *direct* care activities, involving a process of personal and emotional engagement, and *indirect* care activities, which support direct care activities (Folbre 2006).

In this article, unpaid care and domestic work is defined as "activities related to the provision of services for own final use by household members, or by family members living in other households".[6] These activities include shopping, cooking, cleaning, and care for children, the elderly or other family or household members. The "unpaid" in this concept refers to the fact that activities are carried out "without any explicit monetary compensation" (ILO 2018, 6).

Paid care and domestic work is defined as care and domestic work activities "performed for profit or pay within a range of settings, such as private households (as in the case of domestic workers), and public or private hospitals, clinics, nursing homes, schools and other care establishments" (ILO 2018, 7). As indicated by the ILO (2018, 165), the global care workforce encompasses "care workers in care sectors (education, health and social work), care workers in non-care sectors and domestic workers[7] (employed by households)", and "non-care work-

[6] DESA (United Nations Department of Economic and Social Affairs), "Indicator 5.4.1: Proportion of Time Spent on Unpaid Domestic and Care Work, By Sex, Age and Location" (2019), SDG Indicators Metadata Repository. https://unstats.un.org/sdgs/metadata/?Text=&Goal=5&Target=5.4.

[7] As defined by the ILO Domestic Workers Convention, 2011 (No. 189), domestic work is "work performed in or for a household or households" on an occupational basis, and a domestic worker is thus "any person engaged in domestic work within an employment relationship".

ers in care sectors, as they support the provision of care services". Combined, this amounts to 381 million workers globally, or 11.5 per cent of total global employment (ILO 2018, 165).

Crucial to conceptualizing care and addressing the workload is the "Triple R Framework" – of recognizing, reducing and redistributing care and domestic work – proposed by feminist researchers and activists to address care and domestic needs (Elson 2017; see also Power 2020). *Recognition* acknowledges that this work is often invisible in households and the economy and calls for its inclusion in analysis and policies (Samman et al. 2016). *Reduction* can be achieved through building an infrastructure of care, including the provision of electricity, water and transportation (ILO 2018). *Redistribution* focuses on sharing the work within households – between women and men, and among family members – and within society, in order to ensure adequate provision of care services for working parents and carers. Recently, two additional "R"s have been added. *Representation* calls for carers to be represented in relevant policy-making settings (IDS, ActionAid and Oxfam 2015), while *Rewarding* calls for paid care and domestic workers, including migrant workers, to be appropriately rewarded (Power 2020) as part of decent work (ILO 2018).

3.2. Social protection and paid and unpaid care and domestic work

As mentioned above, public policies, including policies relating to social protection, are needed around the world to mitigate the socio-economic effects of the COVID-19 pandemic and containment measures. Social protection refers to the set of policies and programmes aimed at preventing, or protecting all people against, risks such as poverty, vulnerability and social exclusion throughout their life course (ILO 2017; UNICEF 2019). A definition of social protection agreed by the United Nations, the World Bank, bilateral donors and other development agencies at the international level includes non-contributory programmes, such as cash or in-kind transfers, and public works programmes; contributory programmes, such as health insurance and old-age pensions; labour market programmes, such as training; social care services, such as day care; and general subsidies.[8] In this article, for reasons of data availability (see section 2), we refer to social protection as encompassing three categories of programmes, namely social assistance (non-contributory programmes), social insurance (contributory programmes), and labour market programmes.

The importance of social protection was already recognized prior to COVID-19, as evident in international legal and policy frameworks[9] acknowledging its role in addressing multidimensional poverty, improving well-being outcomes, and contributing to achieving gender equality. The Sustainable

[8] ISPA (Inter Agency Social Protection Assessments), "Core Diagnostic Instrument (CODI) Data Collection Framework", accessed 10 March 2022.

[9] See, for instance, the ILO Social Security (Minimum Standards) Convention, 1952 (No. 102), and the United Nations Convention on the Rights of the Child (1989).

Development Goals (SDGs) make specific reference to social protection as one of the public policies that States must pursue to end poverty (SDG 1), achieve gender equality (SDG 5) and reduce inequalities (SDG 10). SDG target 5.4 calls on States to recognize and value unpaid care and domestic work "through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate".[10]

Such recognition presents an opportunity for social protection to be extended or adapted to cover the care needs that have arisen or been intensified as a result of the COVID-19 pandemic. The ILO (2018) suggests that social protection benefits related to care could include providing transfers in cash or in kind to persons in need of care or to carers, to cover the costs of pregnancy, childbirth and adoption, childcare and care for other family members. They may also take the form of programmes supporting unpaid carers to re-enter the work force, and include care credits in pension schemes and social security for paid care and domestic workers, which bring recognition to care work.

In recent years, important steps have been taken to make care visible in social protection. Perhaps the most emblematic of these steps is the inclusion of SDG target 5.4 on care. However, more remains to be done in social protection policy and programme design to take into account paid and unpaid care (see, for instance, Camilletti et al. 2021).

3.3. The gendered nature of unpaid care and domestic work before and during the COVID-19 pandemic

Prior to the pandemic, women and girls across the world were already largely responsible for most of the unpaid care and domestic work in their households and communities (Camilletti, Banati and Cook 2018; UNDP 2017; UN Women 2019).[11] According to the ILO (2018), women perform 76.2 per cent of total hours of unpaid care work globally, spending 3.2 times more of their time in this way than men. Furthermore, this type of work often limits the education and paid decent work opportunities open to women and girls, and reduces the time left for leisure and socialization (Camilletti, Banati and Cook 2018). With populations ageing and women comprising a larger proportion of the world's older population than men, the role of grandmothers as informal care providers is also becoming more prominent (UNFPA and HelpAge International 2012).

Deeply rooted inequalities in areas such as income, education, age and race intersect with gender and further increase the unpaid care and domestic work burden for certain groups of women and girls (UNDP 2017). For example, women and girls living in low-income households in rural areas of low-income countries may experience greater care workloads than others as they have poorer access

[10] UN General Assembly, resolution 70/1, Transforming our world: The 2030 Agenda for Sustainable Development, A/RES/70/1 (2015).

[11] See also DESA, "The World's Women 2020: Trends and Statistics". https://worlds-women-2020-data-undesa.hub.arcgis.com/ .

to basic services and infrastructure or labour-saving equipment (Dugarova 2020; ILO 2018). Social protection, called for under SDG target 5.4, can reduce poverty and provide access to universal services, which can in turn help reduce the amount of unpaid care and domestic work carried out by women and girls.

However, although this issue had attracted increasing attention from researchers, activists and, in some cases, policymakers even before the COVID-19 pandemic, progress had been limited. In 24 of the 37 countries with comparable trend data over the period 2001–18, only a small decrease was observed in the amount of time that women spent on unpaid domestic and care work relative to the amount of time spent on it by men.[12] This suggests that reducing and redistributing unpaid care and domestic responsibilities within the household also requires shifting harmful gender norms that place the burden of this work on women and girls.

While comprehensive evidence of the effects of the COVID-19 pandemic on the unpaid care and domestic work of women and girls is still emerging, preliminary findings and evidence from past pandemics and epidemics suggest that a pandemic like COVID-19 increases the time that women and girls spend on this type of work (Kenny and Yang 2021; UN Women 2020a). Additionally, the greater susceptibility to COVID-19 among the elderly has not only limited their mobility and social contact with family members but has also reduced the provision of care by older women, further increasing the workload on younger, working-age women, and on girls.

School closures and the closures of childcare services due to COVID-19 have meant that many households have had to look after and homeschool their children: an increased workload that has fallen disproportionately on women and girls (Enguita-Fernàndez et al. 2020). Evidence from past crises further indicates that during prolonged school closures, girls are particularly likely to undertake increased unpaid care and domestic work, which, compounded by other inequalities, such as the gender digital divide, risks limiting the time available for girls to learn at home and makes them more vulnerable to dropping out of school (Bakrania et al. 2020; UNESCO et al. 2020). Social protection programmes, such as cash transfers or educational stipends to incentivize school participation (especially among girls) and increase access to childcare services, could be particularly beneficial in reducing the unpaid care and domestic work burden on women and girls and ensuring that they can participate in education and employment (see, for instance, Bastagli et al. 2016; Camilletti 2020).

The COVID-19 pandemic has also had an impact on the entire food system, including supply chains, processing and production, putting nearly 265 million people at risk of acute food insecurity in 2020 alone (WFP 2020), with implications for women and girls and their role in procuring and processing food as part of their care responsibilities predating this pandemic (UNDP 2017). Evidence indicates that, by reducing poverty and income insecurity, social protection can facilitate access to nutritious food and thereby reduce food insecurity. It can also reduce the amount of time that women and girls spend on unpaid care and domestic work, such as procuring food and collecting water (FAO 2015).

[12] DESA statistics (see note 11).

At the onset of the COVID-19 pandemic, researchers and activists predicted two scenarios: as it became clear that care and domestic needs would increase, some predicted that the burden would fall even more heavily on women and girls, while others optimistically suggested that the increase might be accompanied by a rise in the amount of time that men spent on unpaid care and domestic work relative to women. This latter scenario was hypothesized at least for those households where both men and women had the privilege of working from home (in particular, middle-class workers). By spending more time at home men would realize how much time and effort it takes to carry out unpaid care and domestic work, thus slowly changing attitudes, perceptions and norms, and encouraging men to take up more of that care and domestic work burden (see also Bahn, Cohen and Rodgers 2020).[13]

However, even if these changes are taking place in social norms and behaviour – something that still requires rigorously collected cross-country data and research to prove – the question is whether such changes will be lasting. Emerging evidence at least partly confirms both scenarios: preliminary data from five high-income countries on the activities of working parents during the COVID-19 pandemic show that while both women and men spent twice as much time on unpaid care and domestic work during the pandemic, women were still spending about two hours per day more than men on these activities.[14]

3.4. The gendered nature of paid care and domestic work before and during the COVID-19 pandemic

Paid care work inside and outside the home has also been impacted by the current crisis. At present women make up 70 per cent of the health and social sector (Boniol et al. 2019; WHO 2019), with many being low-wage workers – including nurses and nursing assistants (Bahn, Cohen and Rodgers 2020, 695).

In the current COVID-19 context, the personal and intimate nature of care jobs may also increase the likelihood of paid care workers being more exposed to the virus (van Barneveld et al. 2020). Nurses, for example, face risks "due to an increased exposure to airborne or bodily fluids" (McLaren et al 2020, 7). Health and care workers on the front line may also experience greater risk if they work with individuals who are unable to observe social distancing rules or self-isolate (McLaren et al. 2020), while also facing "serious physical and mental health risks from long working hours and shortages of protective equipment" (van Barneveld et al. 2020, 141).

Paid care and domestic workers have often been lauded for their role in fighting COVID-19 infections, including in hospitals and through elderly care services. Many countries classified health and social care workers – as well as workers in public transport, supermarkets and delivery services – as "essential workers". Yet these workers are, in most contexts, relatively low paid and on precarious contracts, working in jobs perceived as having low status and given limited social recognition. This is because, as noted by the ILO and by many fem-

[13] See, for example, the cases of Uganda (Mwiine 2020) and India (Mishra and Majumdar 2020).

[14] DESA statistics (see note 11).

inist theorists, a lot of paid care work is still seen as "an extension of women's unpaid care work within their own homes and communities" (ILO 2018, 165). This is evident with respect to domestic workers, who are particularly vulnerable to exploitation since they have low or no labour or social protection coverage (ILO 2018, 165; Nesbitt-Ahmed 2020). A disproportionate number of these jobs are also taken up by women who may be further marginalized due to their race, ethnicity or migration status (ILO 2018).

The effects of the pandemic are particularly devastating for workers and their livelihoods in the informal sector, where women are over-represented in many countries. As noted by the research network Women in Informal Employment: Globalizing and Organizing (WIEGO), women who work in the informal economy have reported an increase in their care responsibilities and a reduction in their earnings since the start of the pandemic (Ogando, Rogan and Moussié 2021). The COVID-19 economic downturn is also affecting economic activities in which women make up a large share of workers, including paid care work (ILO 2020). Furthermore, women healthcare workers on the front-line of the COVID-19 response face disadvantages compared to men, including in terms of wages (WHO 2019, cited in Dugarova 2020). Lockdowns and curfews, compounded by limited or no access to social security, including maternity protection, have worsened women's social and economic situation.

Ensuring that paid care and domestic workers have access to social protection is critical to safeguarding their rights and preventing them from falling even further into poverty and exclusion (Lund 2020). Such protection includes sick and annual leave, and cash transfers to address temporary income insecurity and reductions in living standards. Universal child grants can support those women workers with young children in covering their childcare costs, while maternity benefits can financially support them during periods when they are unable to work (Nesbitt-Ahmed 2020).

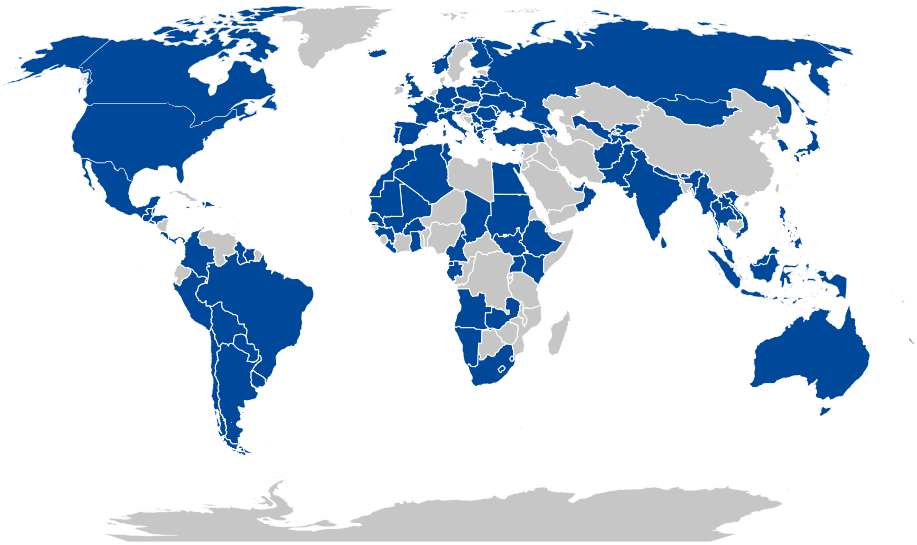
4. Analytical framework and findings

Public policies, including those designed through a feminist perspective (namely gender-transformative policies), can recognize women's care and domestic work at the individual, household and community levels (Bahn, Cohen and Rodgers 2020; Banks 2020; Power 2004). A feminist analytical framework helps to critically and systematically investigate which policies integrate gender considerations, and how. In this article, we propose such a framework and apply it to the case of social protection responses to the COVID-19 pandemic and the ways in which it has affected paid and unpaid care and domestic work.

This framework consists of three pathways through which the pandemic may have an impact on paid and unpaid care and domestic work, and through which the three aforementioned components of social protection responses may address care and domestic work needs. Hence, it highlights the care and domestic work issues that are emerging from the pandemic, and whether, how and where social protection measures are addressing them.

The analysis shows that the majority of countries or territories (140 out of 212) have integrated care and domestic issues into at least one COVID-19 social protection measure, as shown in figure 3.

Figure 3. Map of social protection responses to COVID-19 that integrate care and domestic issues into their design



Countries coloured in blue are those that have integrated care and domestic issues into at least one COVID-19 social protection measure

Source: Authors' elaboration based on Gentilini et al. (2020).

4.1. Pathway 1: Increased care and domestic needs due to COVID-19 infections

First, COVID-19 is likely to have increased the immediate health needs of households with infected household members, who are often elderly and in need of care. This in turn is likely to have increased the time spent on care by women and girls, while also putting them at risk of being infected. Preventing or controlling COVID-19 infections in one's household implies increased cleaning needs, for which women and girls are generally responsible.

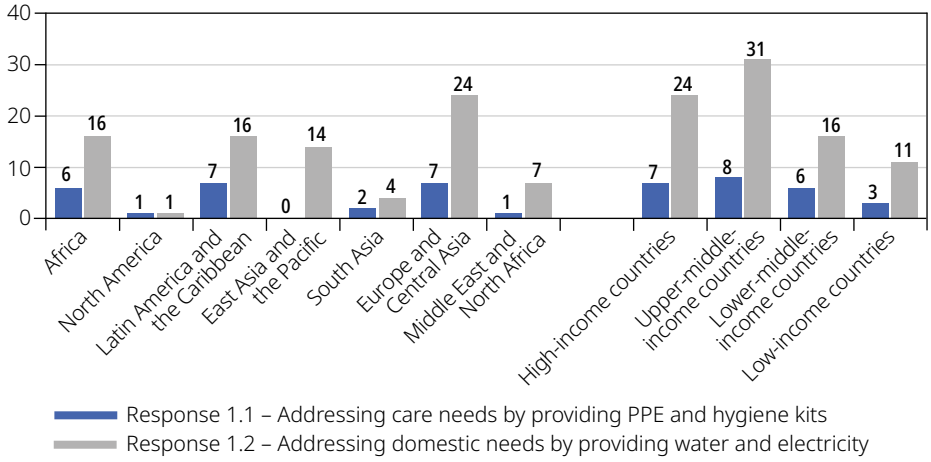
We propose two ways through which social protection, including labour market, measures, can respond to increased care and domestic needs. The first is providing personal protective equipment (PPE), hygiene kits and cleaning products, and the second is providing water, electricity and other goods.

Response 1.1: Addressing needs by providing PPE, hygiene kits and cleaning products

By providing PPE, hygiene kits and cleaning products, either in kind or via cash and voucher schemes to cover the costs of these products, social protection can reduce care and domestic needs, and therefore the time needed for households, and especially women and girls, to meet them.

In our analysis of 1,177 social protection measures, we find that only 24 measures had been announced or implemented that either directly provided PPE or hygiene kits, all of which are social assistance, especially in-kind trans-

Figure 4. Geographic and income distributions of social protection responses to COVID-19 for Pathway 1



Source: Authors' calculations based on Gentilini et al. (2020).

fers (21 measures), cash transfers or vouchers to be spent on such goods (two measures), or waived taxes or duties on such goods (one measure).

For example, in April 2020 Algeria implemented a nationwide in-kind distribution of both food and hygiene items for vulnerable families living in isolated areas. The Armenian authorities collaborated with the Red Cross to provide food, hygiene and PPE packages to citizens, including elderly people living alone, households with unemployed persons aged 50 and older, and people with disabilities, among others.

Although lower-income countries often lack safe drinking water and adequate sanitation, these 24 measures are geographically concentrated in higher-income regions, especially in Europe and Central Asia and in Latin America and the Caribbean (see figure 4).

Response 1.2: Addressing domestic needs by providing for water and electricity and other goods

By directly or indirectly providing for the cost of utilities (electricity, safe drinking water and sanitation) during the pandemic, social protection measures can indirectly address care responsibilities, which have probably increased because of a greater need for hygiene and cleaning (due to stay-at-home requirements, school and non-essential business closures, and other containment measures).

In our analysis of the 1,177 social protection measures, we find that 82 measures had been announced or implemented to support households by providing them with goods and services such as water and electricity. All are social assistance measures. Of these, 76 measures provide financial support for utility and other costs, followed by cash transfers and in-kind support (three measures each).

For example, Colombia provided low-income families with water services free of charge, Chad and Mali covered the costs of electricity and water for

vulnerable households for three to six months, and El Salvador granted a waiver of utility payments, including for electricity and water.

As with Response 1.1 (providing PPE, hygiene kits and cleaning products), these 82 measures are geographically concentrated in Europe and Central Asia and in high-income and upper-middle-income countries, as can be seen from figure 4.

Across this pathway, some positive examples emerge of countries that employed both types of responses. For example, Afghanistan rolled out a relief package that included transfers of essential food staples and hygiene products, either in kind or as a cash equivalent, for poor households in rural and urban parts of the country, and it also waived electricity bills for families in Kabul. Guinea distributed sanitation kits to 130,900 households, via its new social protection agency, the Agence Nationale d'Inclusion Économique et Sociale, and announced a waiver on payments for utilities for the most vulnerable in its COVID-19 economic response plan of April 2020.

4.2. Pathway 2: Increased care needs due to school and childcare service closures

COVID-19 is also likely to have exacerbated existing gender inequalities in the distribution of unpaid care and domestic work within households due to the intersecting effects of lockdowns and restrictions on movement, on the one hand, and the closure of school and childcare services on the other. Members of many households around the world have been forced to stay at home, and women and girls are likely to continue to pick up the care workload, not only looking after any young children in the household, but also homeschooling them and helping them with their homework. At the end of April 2020, less than two months after the World Health Organization declared COVID-19 a pandemic, 191 countries had implemented country-wide school closures, affecting 1.6 billion learners worldwide (Brossard et al. 2020).

Social protection measures can contribute to reducing such care responsibilities. Although childcare services may have been closed due to COVID-19, parental leave policies that allow workers to take paid leave, or voucher schemes and cash transfers that can be used to pay for external childcare, can provide support by reducing and redistributing unpaid care and domestic work. We propose three ways in which social protection can address this issue: providing time off, cash or other goods and services to households with children; addressing gender norms regarding the distribution of unpaid care and domestic work; and tailoring COVID-19 responses to the needs of specific categories of women and girls.

Response 2.1: Addressing childcare needs by providing time off, cash or other goods and services to households with children

We find that 159 measures in our sample target households, parents or caregivers with children, amounting to 13.5 per cent of the total sample of measures. Three quarters of these are social assistance measures, of which 72 are cash transfer programmes, either conditional or unconditional, providing income support to parents or caregivers of school-age children. A further 27 measures

are school feeding programmes, offering households with children the possibility of continuing to receive school meals despite school closures, a measure that can provide households with food preparation support while also meeting children's nutritional needs. Nineteen measures are paid leave support, granting parents or caregivers additional time off to care for their children – in some countries this also includes caring for a child who has tested positive for COVID-19. Another 18 measures are in-kind transfers of goods to families with children.[15]

For example, Italy, as part of the "Cura Italia" stimulus package, provided a childcare voucher of up to €600 – reaching €1,000 for workers in the health sector – for workers with children below the age of 12 who decide not to take the parental leave offered. Spain introduced a family benefit to pay for parents having to take care of their children during school closures and whose employers had not been able to offer them any alternatives. South Africa increased the pre-COVID monthly benefit amount of the child support grant, which was paid to about 7 million caregivers.

Geographically, these measures are concentrated in higher-income settings (see figure 5): 78 in Europe and Central Asia, and 31 in Latin America and the Caribbean, regions with a predominance of countries in the higher income groups. In terms of income distribution, 72 of these measures are found in high-income countries and 53 are found in upper-middle-income countries.

In a few other countries, care institutions remained open to provide care support for the children of essential service workers. This was the case in Austria and the Netherlands, for example, where childcare facilities were provided for the children of healthcare workers (UN 2020; Nesbitt-Ahmed and Subrahmanian 2020).

Response 2.2: Addressing gender norms around the distribution of unpaid care and domestic work

The design of social protection measures to reduce unpaid care and domestic work should also account for unintended negative effects. Although meeting households' childcare needs via social protection is critical to recognizing and reducing unpaid care work, the response to the COVID-19 pandemic offers an opportunity to change social and gender norms around care provision, a long-term goal that needs consistent attention. This change may be taking place partly as a result of COVID-19 itself. For example, in Bangladesh, the Maldives, Pakistan and the Philippines it was found that although women were more likely than men to report an increase in both care and domestic work since the onset of the COVID-19 pandemic, more than half of women respondents said that their partners helped them more at home than they had before the pandemic, and 35 to 80 per cent (depending on the country) also said that their sons helped them more than before (UN Women 2020b).

[15] The remaining social protection measures that address childcare needs are wage subsidies (six measures), unemployment benefits (five measures), utilities and financial support (three measures), reduced working-time subsidies (three measures), labour regulation adjustments (two measures), and social pension, health insurance support, pension and disability benefits, and social security contributions (one measure each).

Programmes should also, at a minimum, avoid perpetuating stereotypes around care, and ideally encourage a transformation of harmful social and gender norms. For example, programmes that specifically target women only risk reinforcing the stereotype of women as caregivers and of care as a woman's responsibility. Governments could take the opportunity to design social protection measures that contribute to changing gender stereotypes, for example by encouraging fathers in dual-income households to take up paid parental leave or other care and domestic activities.

In our analysis, we assessed whether the 159 measures that sought to support households in meeting their childcare needs were specifically targeted at mothers, or whether they avoided mentioning the sex of the recipient. If measures are specifically targeted at mothers, this may reinforce existing social norms around care provision, whereas targeting measures at parents or caregivers regardless of their gender may contribute to shifting social norms around unpaid care work and encourage fathers' uptake of childcare. We find that the majority of these measures (143 measures) do not specify the sex of the caregiver.[16] Of these, 64 are cash transfers, 26 are school feeding programmes, 18 are paid leave policies, 14 are in-kind transfers, and the remainder consist of different types of social assistance, social insurance or labour market measures. For example, Austria allowed employees with childcare responsibilities to take up to three weeks of care leave on full pay, without specifying the sex of the caregiver. Some countries expanded flexible working options to help parents combine work and care. For example, Cabo Verde offered teleworking arrangements to enable one parent to care for children.

However, these measures are predominantly found in higher-income regions and settings: 72 in Europe and Central Asia and another 29 in Latin America and the Caribbean, and over 80 per cent of the 143 measures are found in high-income countries (70 measures) or upper-middle-income countries (45 measures).

Although these examples are promising, two caveats must be noted: first, even if a programme does not specifically mention the sex of the recipient in its design, mothers or other female caregivers in the household may still be the ones responsible for collecting benefits. Evaluations of these COVID-19 social protection measures would provide insights into how households and individuals responded to them in terms of their allocation of care and domestic responsibilities. Second, and perhaps most importantly, the database used in our analysis may not provide full details regarding the design features of the social protection measures announced or implemented as a response to COVID-19. Future data collection efforts could provide further insights regarding these design features.

Response 2.3: Tailoring COVID-19 responses to the needs of specific categories of women and girls

Specific groups of women are likely to be at heightened risk as a result of COVID-19. For example, pregnant or lactating women may need additional, tailored support to meet their needs and to avoid the risk of contagion. In our

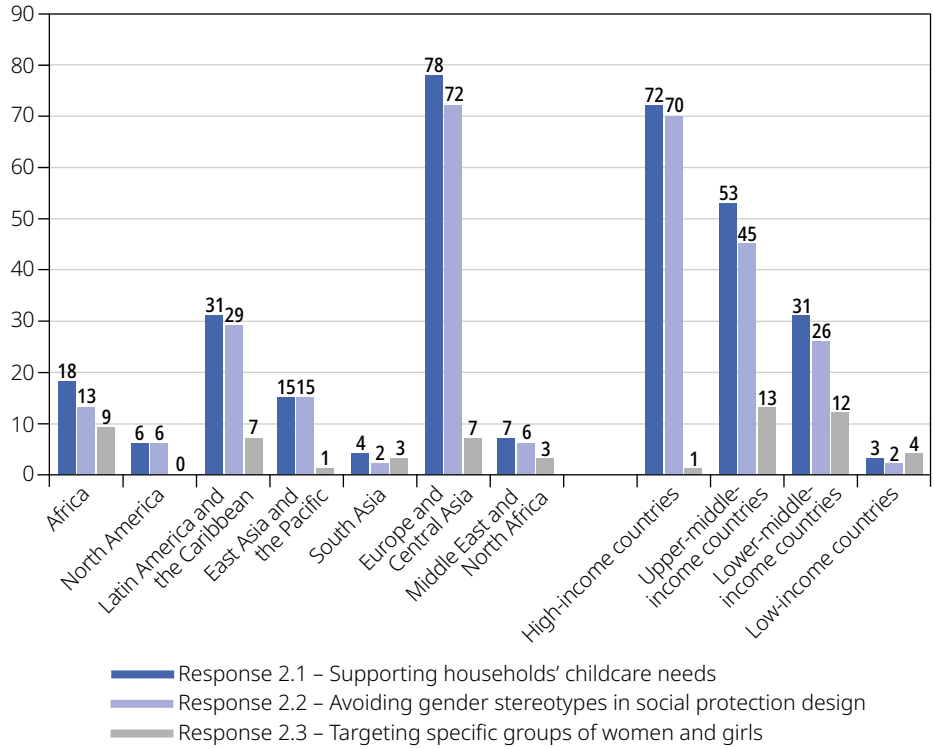
[16] The measures that specify the sex of the caregiver do so because they are targeted at specific groups of women, which will be discussed below.

analysis, we assessed whether social protection measures are targeted at specific groups of women and girls. We find that 30 out of the 1,177 measures target pregnant and lactating women. Of these, 15 do so by supporting households in meeting childcare needs (see previous section), while the rest have other objectives that are specific to pregnant and lactating mothers, women leaders in rural areas and women heads of household. The majority of the 30 measures consist of cash transfers (19 measures), followed by in-kind transfers (four measures) and paid leave support (six measures); one is a social security subsidy.

Armenia, for example, provided a lump-sum payment for pregnant women who were not employed and whose husbands had lost their jobs. South Sudan provided direct grants for those who were unable to work, including people with disabilities, the elderly, and pregnant or breastfeeding women, among others, via the South Sudan Safety Net Project.

Contrary to the other pathways, these measures do not seem to be more prevalent in high-income settings. Nine are found in sub-Saharan African countries, seven in countries in Latin America and the Caribbean, while only one is used in a high-income country; the majority are found in upper-middle-income or lower-middle-income countries (see figure 5). This may reflect the increasing attention paid to pregnant and lactating women in lower-income settings in recent years.

Figure 5. Geographic and income distributions of social protection responses to COVID-19 for Pathway 2



Source: Authors' calculations based on Gentilini et al. (2020).

4.3. Pathway 3: Reduced earnings and increased risk of job losses for paid care and domestic workers due to COVID-19

Social protection, even before the COVID-19 pandemic, has in most cases excluded workers in the informal economy – including those in paid care and domestic work – who do not have access to contributory social protection programmes, such as health insurance and old-age pensions. Nor, in many cases, do they have access to non-contributory programmes aimed at tackling poverty, since informal workers are often "not poor enough" to be eligible for such measures. The COVID-19 pandemic is shedding light on these inequalities, as it has had significant impacts on 1.6 billion informal workers around the world, notably among women, who are over-represented in the most hard-hit sectors (ILO 2020). Furthermore, paid care and domestic workers, who are often women, also often work in the informal economy. In many low- and middle-income countries, healthcare workers may be left with limited social protection, if any, and may also be more likely to be exposed to COVID-19 infections. Even in high-income countries such as Italy and Spain, data suggest that female healthcare workers infected with COVID-19 outnumbered infected men (UN Women 2020c).

Some governments have enacted policies to protect such workers from the socio-economic consequences of the pandemic and its containment measures. In our analysis, we find that only 21 measures out of the 1,177 reviewed specifically mentioned paid care or domestic workers, such as healthcare workers or domestic workers. Nine of these measures are cash transfer programmes, providing these workers with additional income support. For example, El Salvador pledged to provide cash transfers to up to 1.5 million households lacking financial security with members working in the informal economy, including house cleaners. Germany provided cash transfers to support healthcare workers, and teachers. An additional 4 of the 21 measures concern paid leave support, granting paid sick leave to care and domestic workers. For example, Australia's national Government offered paid sick leave to elderly care workers.

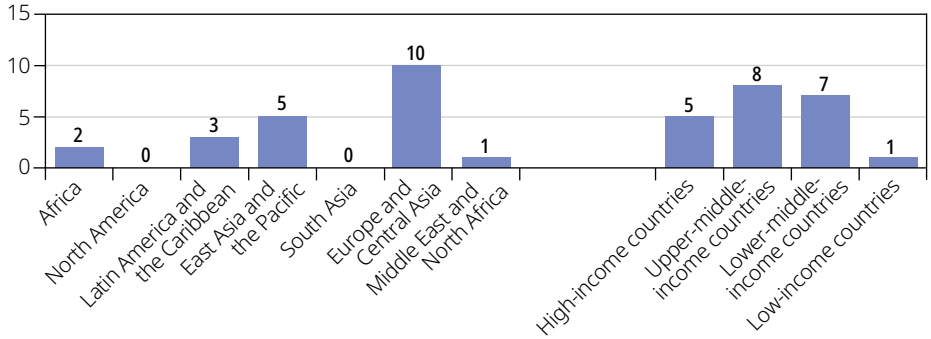
A further three measures are wage subsidies, as in the cases of Haiti and Turkey, which both provided wage subsidies for teachers. Finally, one measure targeting paid care and domestic workers is a tax waiver scheme for healthcare workers by Ghana's Ministry of Finance.

Geographically, these measures are concentrated in Europe and Central Asia, and East Asia and the Pacific (see figure 6). However, when looking at the distribution of such measures by income, we find that the majority of the 21 measures targeting paid care and domestic workers are in middle-income countries. This may reflect a higher prevalence of informal workers, including care and domestic workers, in such settings, as well as heightened policy attention being paid to this category of workers.

4.4. An integrated approach to care

Although 140 countries or territories around the world have integrated paid or unpaid care considerations into at least one social protection measure, only 14 have explicitly integrated design features addressing *both paid and unpaid* care

Figure 6. Geographic and income distribution of social protection responses to COVID-19 for Pathway 3



Source: Authors' calculations based on Gentilini et al. (2020).

issues or concerns: two countries in Latin America and the Caribbean (Argentina and El Salvador), seven in Europe and Central Asia (Belarus, Germany, Greece, Latvia, the Russian Federation, Ukraine and Uzbekistan), one in sub-Saharan Africa (South Sudan), two in the Middle East (Lebanon and Turkey) and two in East Asia and the Pacific (Australia and Malaysia).

For example, Argentina introduced the Ingreso Familiar de Emergencia, a lump-sum non-contributory cash transfer targeting over 3 million families, including domestic workers (addressing Pathway 3), imposed price controls on essential items including basic food basket items and cleaning products, and prohibited the suspension of key utilities including energy and water in the event of non-payment (addressing Pathway 1): measures to contribute to mitigating increased unpaid care and domestic needs. Australia supplemented existing benefits, including parenting payments and youth allowances: measures to help meet increased childcare needs (Pathway 2), and provide paid "pandemic" leave to elderly care workers.

5. Concluding remarks and implications for research, policy and programming

The COVID-19 pandemic has not only been a major economic and health shock, demonstrating the dangers of retrenched public service provision and rising global inequality, but it has also exacerbated gender inequalities. The intersections of the pandemic with the measures put in place to contain it have resulted in harsh socio-economic consequences for many households. Evidence from past epidemics and pandemics, and emerging evidence from the COVID-19 pandemic, suggest that the unpaid care and domestic workload borne by women and girls within their homes has increased. Women employed as paid care and domestic workers have also been heavily impacted.

Mitigation measures such as social protection, including labour market programmes and fiscal stimuli, have sought to minimize these negative effects. However, if these measures are not designed to address gender inequalities such

as those related to paid and unpaid care and domestic work, they risk reinforcing them. Hence, the pandemic provides a critical window of opportunity to build more effective and inclusive social protection systems based on a feminist framework that emphasizes care and domestic work as an integral part of societies. This includes recognizing, reducing and redistributing care and domestic work (both unpaid and paid), but also improving the representation and reward of care and domestic workers.

This article has reviewed the social protection measures (social assistance, social insurance and labour market programmes) announced, designed or implemented in response to the COVID-19 pandemic through a feminist lens, with a focus on paid and unpaid care work. The findings suggest that although many countries – mostly concentrated in richer regions of the world – have recognized and directed measures towards household care and domestic needs, few countries have addressed the needs and issues that paid care and domestic workers face, and even fewer have taken both paid and unpaid care and domestic work issues into consideration.

To address the current and future crises, countries could: (i) improve the support provided for working parents and carers with childcare responsibilities by expanding access to paid family leave and sick leave in a way that does not stereotypically reinforce women's roles as caregivers in the household and, on the contrary, encourages uptake of care responsibilities by men; (ii) provide quality care services, including for children, the elderly and persons with disabilities, to be considered as essential services that will continue to operate in case of future pandemics and epidemics, and make PPE available to such services in order to prevent the risk of contagion; (iii) increase financial support through family and child benefits (cash, vouchers or in-kind), including to pay for childcare for working parents; and (iv) invest in infrastructure to ensure adequate access to electricity, water and sanitation.

Additionally, labour market programmes could: (i) improve flexible work arrangements for workers with care responsibilities, including (where feasible) remote work, paid reductions in working time and flexible hours; and (ii) secure living wages for care and domestic workers in both the formal and informal sectors.

Future research is needed to build on this evidence and address three outstanding gaps. First, more evidence is needed on whether and how these social protection measures can contribute to the redistribution of unpaid care and domestic work within households (between women and men, and girls and boys) and society, as well as whether and how these measures have been effective during the COVID-19 pandemic in protecting the poorest and most vulnerable segments of populations – those who not only were hardest hit by the pandemic but who also bear the greatest burden of unpaid care and domestic work.

Second, evidence is needed to explore whether social protection responses during the pandemic that integrated care (paid or unpaid) considerations were financially sustainable and adequately implemented: a research objective that was beyond the scope of this article. Emerging evidence from two case studies in South Africa and India has identified implementation bottlenecks that have prevented positive effects on care issues (Holmes and Hunt 2021).

Third, future research is needed to explore the factors behind the integration – or the lack thereof – of care considerations into social protection responses by policymakers. This could help inform effective policy, programming and advocacy in the event of future crises, including pandemics and epidemics. For example, future research could explore whether countries that were already sensitive to care (both paid and unpaid) needs are primarily the ones to have integrated care considerations into the design of their social protection responses to COVID-19. Alternatively, other countries and governments that prior to the COVID-19 pandemic were not attentive to care in their social protection programmes may have now focused their attention on care issues in the wake of the pandemic. In both cases, it would be important to consider the impact that such responses have had on the paid and unpaid care and domestic work carried out by women and girls.

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